



COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
ADULT SYSTEMS OF CARE
CALWORKS MENTAL HEALTH SUPPORTIVE SERVICES

DMH CALWORKS BULLETIN No. 05-01
FORM MH 641 – CALWORKS CLIENT EMPLOYMENT PLAN

April 15, 2005

TO: All DMH CalWORKs Mental Health Supportive Services Providers

FROM: Dolores Daniel, Program Head
CalWORKs Program

SUBJECT: **Form MH 641 – CalWORKs Client Employment Plan**

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1. Purpose
 2. Background
 3. Policy/Procedures
 4. Information Required
 5. Employment Terms
 6. Form MH 641 Attached

1. PURPOSE

This Directive 05-01 provides information on completing DMH form MH 641 – CalWORKs Client Employment Plan. Form MH 641 replaces the CalWORKs Service Plan (form MH 544) and CalWORKs Service Plan Review (form MH 545)

2. BACKGROUND

As a result of the enactment of Senate Bill 1104, the 18-24-month time clock has been eliminated. This requires mental health providers to focus more attention to their CalWORKs participants pre-employment, employment, and post-employment issues.

DPSS now requires stricter monitoring of CalWORKs progress towards removing mental health barriers to employment. Providers should solicit information regarding their client's employment status and assist them in their employment plans. It is no longer necessary to complete the CalWORKs Services Plan Review (MH 545).

3. POLICY/PROCEDURES

Providers must complete a Client Employment Plan on a quarterly basis (every three months) for all CalWORKs participants.

- A. New Clients: The CalWORKs Client Employment Plan must be completed at the time that the DMH Client Care/Coordination Plan (CCCP) is completed and must be reviewed at least once every three months of service. It should also be reviewed when employment goals are attained, changed, or the client's status changes.
- B. Existing/Continuing Clients: For clients who already have a CCCP in place, the CalWORKs Client Employment Plan must be completed every three months – at the time that the CalWORKs Service Plan Review would have been completed.

It is not required that licensed staff (LPHA) completes and signs this form. A case manager with knowledge about the client may complete and sign the form.

4. INFORMATION REQUIRED

In order to complete the form, the following information is required and must be updated on a quarterly basis:

- Barriers to employment
- Skills Needed
- Planned Services/Activities to Eliminate Barriers
- Referrals for a medical evaluation, substance abuse assessment, or domestic violence assessment
- Estimated time left on Participant's 60-month time clock
- Exemption status
- Current employment
- School enrollment
- Summary of progress toward employment

5. **EMPLOYMENT TERMS**

The following explanation is provided for terms identified in Section 1 - “Skills Needed” and Section 2 - “Employment Services”:

- **Pre-Employment** – Activities such as transitional employment or volunteer work that occur prior to competitive employment.
- **Employment Preparation** – Helping the participant prepare to enter the work force. Activities include how to seek jobs, how to fill out job applications, how to dress appropriately, how to interview.
- **Job Development** – Finding appropriate job leads for participants and assisting participants in learning how to search for job leads. Can also include networking with community businesses to seek potential employment opportunities for participants.
- **Job Placement** – Assisting participants with job offers, including disclosure, accommodations, benefits planning, etc. Also, assisting participants with on-the-job needs in order to maximize job retention. This may include telephone consults, after-work meetings, peer support groups or other strategies to decrease the stresses of returning to the workplace.
- **Work Adjustment** – A transitional, time-limited program that uses real or simulated work to help participants to understand the meaning, value, and demands of work; and to learn/reestablish skills, attitudes, and work behaviors.
- **Vocational Support Groups** – Groups created to offer support to participants who are contemplating a return to work or who have returned to work and require additional services in order to maintain employment. Provides an opportunity to troubleshoot issues, conflicts, and challenges that may compromise job retention.

In general, the majority of the employment-related services described above may not be provided by CalWORKs mental health agencies, and further, cannot be billed to CalWORKs. Rather, it is expected that providers will refer and collaborate with agencies to ensure linkages to vocational training and/or employment skills and services.

6. **FORM ATTACHED**

A copy of the form MH 641 – CalWORKs Client Employment Plan is attached.

DM/dd/lb

CALWORKs CLIENT EMPLOYMENT PLAN

This Plan must be completed at the time the CCCP is completed and reviewed at least once every 3 months of service.
It should also be reviewed when employment goals are attained or need to be changed or Client's status changes.

1. Identified Barriers to Employment (check all that apply):

- Mental Health Issue:** ☐ Emotional/Behavior Problems ☐ Substance Abuse ☐ Unstable Living Arrangement
☐ Family Disruption ☐ Medical Problems ☐ Other (specify) _____
- Skills Needed:** ☐ Medication/Symptom Management ☐ Appropriate Grooming/Hygiene ☐ Communication
☐ Use of Transportation ☐ Socialization ☐ Literacy ☐ Pre-Employment ☐ Employment Preparation
☐ Job Development ☐ Job Placement ☐ Other (specify) _____

2. Planned Services/Activities to Eliminate Barriers: Employment services related to the development of a plan to attain employment. May include any single or combination of services.

- Employment Services:** ☐ On-Site ☐ Referred to _____ at _____
☐ Pre-Employment ☐ Work Adjustment ☐ Training/Education ☐ Employment Preparation
☐ Job Development/Placement ☐ Vocational Support Groups

Other Services: _____

3. Referrals:

- Has the Participant been referred for a medical evaluation? ☐ Yes ☐ No
 Has the Participant been referred for a substance abuse assessment? ☐ Yes ☐ No
 Has the Participant been referred for a domestic violence assessment? ☐ Yes ☐ No

4. Estimated time left on Participant's 60-month Welfare-to-Work time clock :

_____ (Number of Months)

5. Is the Participant exempt? ☐ Yes ☐ No

If yes, has the Participant volunteered for GAIN? ☐ Yes ☐ No

6. Is the Participant currently employed? ☐ Yes ☐ No

___ Employed full-time - Number of Hours _____

___ Employed part-time - Number of Hours _____

If yes, type of work: _____

7. Is the Participant in school? ☐ Yes ☐ No

___ Enrolled in school: ___ GED ___ ESL ___ College

Number of Hours _____

___ Enrolled in vocational training program: Number of Hours _____

Topic of Study: _____

8. Summary of progress toward employment (brief description):

Participant's Signature _____

Date _____

Signature & Discipline _____

Date _____

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to whom it pertains unless otherwise permitted by law.

Name: _____

MIS#: _____

Agency: _____

Provider #: _____

Los Angeles County – Department of Mental Health

File Original in Clinical Record
Copy to Data Entry

CALWORKs CLIENT EMPLOYMENT PLAN